

02-03-05

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|--|------------------------|-------------------|
| | | Application Number | 09/869,554 |
| | | Filing Date | December 23, 1999 |
| | | First Named Inventor | Anna Orlefors |
| | | Art Unit | 1634 |
| | | Examiner Name | S. A. Sakelaris |
| Total Number of Pages in This Submission | | Attorney Docket Number | HO-P02216US0 |

ENCLOSURES (Check all that apply)

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Return Receipt Postcard |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | Check in the amount of \$180 |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | I |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | Remarks | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

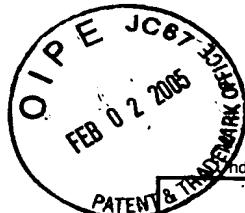
| | | | |
|--------------|-----------------------------|----------|--------|
| Firm Name | FULBRIGHT & JAWORSKI L.L.P. | | |
| Signature | | | |
| Printed name | Melissa W. Acosta | | |
| Date | February 2, 2005 | Reg. No. | 45,872 |

Transmittal

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER540910697US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: February 2, 2005

Signature: (Staci Harris)



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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

| | |
|--------------------------------|---------------------|
| TOTAL AMOUNT OF PAYMENT | (\\$) 180.00 |
|--------------------------------|---------------------|

Complete if Known

| | |
|----------------------|-------------------|
| Application Number | 09/869,554 |
| Filing Date | December 23, 1999 |
| First Named Inventor | Anna Orlefors |
| Examiner Name | S. A. Sakelaris |
| Art Unit | 1634 |
| Attorney Docket No. | HO-P02216US0 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 06-2375 Deposit Account Name: Fulbright & Jaworski L.L.P.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|-------------------------|--------------------|------------------------------|--------------------|------------------------------|-------------------------|------------------------------|-----------------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

| Fee Description | Small Entity Fee (\$) | Fee (\$) |
|--|------------------------------|-----------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|
| _____ | _____ | _____ | _____ | Fee (\$) |
| - = _____ | x _____ | = _____ | | Fee Paid (\$) |

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|----------------------|---------------------|-----------------|----------------------|
| _____ | _____ | _____ | _____ |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---------------------|---------------------|---|-----------------|-----------------------|
| _____ | - 100 = _____ | /50 (round up to a whole number) x _____ | = _____ | Fees Paid (\$) |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement

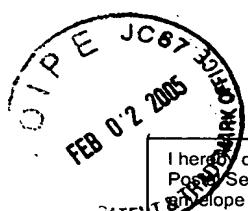
180.00

| SUBMITTED BY | | Registration No. (Attorney/Agent) | Telephone |
|---------------------|--|--|------------------|
| Signature | | 45,872 | (713) 651-5407 |

Fee Transmittal
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Dated: February 2, 2005

Signature:

Staci Harris
(Staci Harris)

Docket No.: HO-P02216US0
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Anna Orlefors et al.

Application No.: 09/869,554

Confirmation No.: 4792

Filed: December 23, 1999

Art Unit: 1634

For: METHOD FOR SEQUENCING DNA USING
A MICROFLUIDIC DEVICE

Examiner: S. A. Sakelaris

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (IDS)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Pursuant to 37 CFR 1.56, 1.97 and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached PTO/SB/08. It is respectfully requested that the information be expressly considered during the prosecution of this application, and that the references be made of record therein and appear among the "References Cited" on any patent to issue therefrom.

This Information Disclosure Statement is filed more than three months after the U.S. filing date, OR more than three months after the date of entry of the national stage of a PCT application, AND after the mailing date of the first Office Action on the merits, whichever occurs first, but before the mailing date of a Final Office Action or Notice of Allowance (37 CFR 1.97(c)).

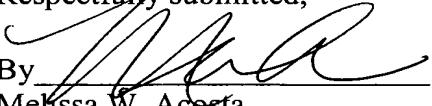
In accordance with 37 CFR 1.97(g), the filing of this Information Disclosure Statement shall not be construed to mean that a search has been made or that no other material information as defined in 37 CFR 1.56(a) exists. In accordance with 37 CFR 1.97(h), the filing of this Information Disclosure statement shall not be construed to be an admission that any patent, publication or other information referred to therein is "prior art" for this invention unless specifically designated as such.

It is submitted that the Information Disclosure Statement is in compliance with 37 CFR 1.98 and the Examiner is respectfully requested to consider the listed references.

Our check in the amount of \$180.00 covering the fee set forth in 37 CFR 1.17(p) is enclosed. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 06-2375, under Order No. 10104789.

Dated: February 2, 2005

Respectfully submitted,

By 

Melissa W. Acosta

Registration No.: 45,872

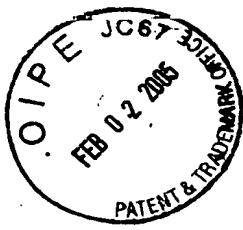
FULBRIGHT & JAWORSKI L.L.P.

1301 McKinney, Suite 5100

Houston, Texas 77010-3095

(713) 651-5151

(713) 651-5246 (Fax)



PTO/SB/08A (10-01)

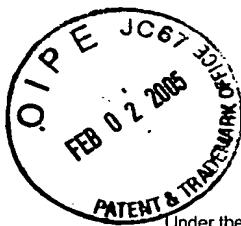
Approved for use through 10/31/2002. OMB 0651-0031
U. S. Patent and Trademark Office: U. S. DEPARTMENT OF COMMERCE

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| | | | | | |
|-------------------------------|---|----|---|-----------------------------|-------------------|
| Substitute for form 1449A/PTO | | | | Complete if Known | |
| | | | | Application Number | 09/869,554 |
| | | | | Filing Date | December 23, 1999 |
| | | | | First Named Inventor | Anna Orlefors |
| | | | | Art Unit | 1634 |
| | | | | Examiner Name | S. A. Sakelaris |
| Sheet | 1 | of | 2 | Attorney Docket Number | |
| HO-P02216US0 | | | | | |

| U. S. PATENT DOCUMENTS | | | | | |
|------------------------|-----------------------|---|--------------------------------|--|--|
| Examiner Initials* | Cite No. ¹ | Document Number Number-Kind Code ² (if known) | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
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| | |
|--------------------|-----------------|
| Examiner Signature | Date Considered |
|--------------------|-----------------|



PTO/SB/08A (10-01)

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| | | | | Art Unit | 1634 |
| | | | | Examiner Name | S. A. Sakelaris |
| Sheet | 2 | of | 2 | Attorney Docket Number | |
| INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i> | | | | | |

| | | | |
|-----|-------------------|------------|------------------|
| AT1 | US-20030094502-A1 | 05-22-2003 | Per Andersson |
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| FOREIGN PATENT DOCUMENTS | | | | | |
|--------------------------|-----------------------|--|--------------------------------|--|--|
| Examiner Initials* | Cite No. ¹ | Foreign Patent Document Country Code ³ -Number ⁴ -Kind Code ⁵ (if known) | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
| | | | | | T ⁶ |

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant

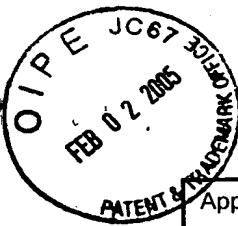
¹Applicant's unique citation designation number (optional). ²See attached Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the application number of the patent document. ⁵Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶Applicant is to place a check mark here if English language Translation is attached.

| NON PATENT LITERATURE DOCUMENTS | | | | | |
|---------------------------------|-----------------------|--|--|--|--|
| Examiner Initials | Cite No. ¹ | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc), date, page(s), volume-issue number(s), publisher, city and/or country where published. | | | |
| | | | | | |

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¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

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|--------------------|-----------------|
| Examiner Signature | Date Considered |
|--------------------|-----------------|



Application No. (if known): 09/869,554

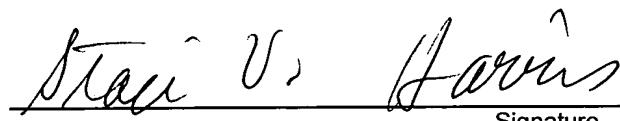
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on February 2, 2005
Date


Signature

Staci Harris

Typed or printed name of person signing Certificate

Registration Number, if applicable

(713) 651-5273
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (2 pages)
IDS (Citation) by Applicant
Information Disclosure Statement
Transmittal
Check in the amount of \$180.00